



DEPARTMENT of AGRICULTURE
STATE OF MISSOURI
JEFFERSON CITY

MATT BLUNT
GOVERNOR

FRED FERRELL
DIRECTOR

**Organic Certification Cost-Share Program
Application**

Applicant Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Certification Agent Name

Include Chapter Name and/or Number

Type of Certificate

Producer (crop, wild crop and livestock) or Handler

Total Certification Costs Submitted

Social Security or Federal EIN Number

For Applicant or Business

Eligibility for 75% of total certification costs up to \$500 for costs incurred October 01, 2004, until allocated funds are exhausted or until September 30, 2006 whichever comes first. Fill out separate cost-share applications for producer (crop, wild crop and livestock) or handler certificates.

Applicant's Signature: _____ **Date:** _____

Person signing and receiving payment should be the same as the Social Security Number submitted above or an authorized representative of business EIN number submitted.

Mail to: Missouri Department of Agriculture
Organic Certification Cost-Share Program
P.O. Box 630
Jefferson City, Mo. 65102-0630

Approved	Denied
Total Certification Costs Approved	
Total Cost-Share Reimbursement	
Date Paid	Check Number

Division of Plant Industries

Ph. (573) 751-5505 or (573) 526-9548 • 1616 Missouri Boulevard • P.O. Box 630 • Jefferson City, MO 65102-0630 • FAX (573) 751-0005
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